



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/661,103
Filing Date	September 12, 2003
First Named Inventor	Gary W. CLEARY
Art Unit	1615
Examiner Name	David L. VANIK
Mail Stop	Amendment
	Attorney Docket Number 2335-0008.22

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> No fee due <input checked="" type="checkbox"/> Fee(s) due: <u>\$640.00</u> <input checked="" type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> The Commissioner is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - <u>—</u> Affidavits/declaration(s) <input checked="" type="checkbox"/> 3-Month Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement & PTO-1449 Form(s) <input type="checkbox"/> Cited reference copy(ies) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - <u>  </u> Sheets <input type="checkbox"/> Compact Disk(s) - <u>  </u> CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
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### Claim Count

Total Claims	59
Independent Claims	2

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Flavio M. Rose, Reg. No. 40,791 Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.	Telephone	(650) 251-7700
Signature		Date	August 17, 2006

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Katherine Stofer		
Signature		Date	August 17, 2006



# FEE TRANSMITTAL for FY 2005

Effective 10/01/03. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **\$640.00**

**Complete if Known**

Application Number	10/661,103
Filing Date	September 12, 2003
First Named Inventor	Gary W. CLEARY
Examiner Name	David L. VANIK
Group Art Unit	1615
Attorney Docket No.	2335-0008.22

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit Account No.	18-0580
Deposit Account Name	Mintz Levin

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Charge any underpayment or credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1,100	2503	550
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
1814	130	2814	65.00
Other fee (specify) Processing Fee Under 37 CFR§ 1.71(g)(2)			
*Reduced by Basic Filing Fee Paid			
			<b>SUBTOTAL (3)</b>
			<b>\$640.00</b>

**SUBTOTAL (1)** **\$640.00**

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	<input type="text"/>	- 83** =	<input type="text"/>	Extra Claims	<input type="text"/>	Fee from below	<input type="text"/>	Fee Paid	<input type="text"/>
Independent Claims	<input type="text"/>	- 8** =	<input type="text"/>						
Multiple Dependent	<input type="text"/>		<input type="text"/>						

Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Description
1202	50	Claim in excess of 20
1201	200	Independent claims in excess of 3
1203	360	Multiple dependent claim, if not paid
1204	200	** Reissue independent claims over original patent
1205	50	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b> <b>\$640.00</b>		

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Flavio M. Rose	Registration No. (Attorney/Agent)	40,791	Telephone (650) 251-7700
Signature			Date	August 17, 2006